



Takoma Park Recreation Department

7500 Maple Avenue, Takoma Park, MD. 20912

□ (301) 891-7290 □ www.tprecreation.org □



Request for Use of Facilities

RENTER'S INFORMATION

Group/Person Making Request: _____ Phone Number: _____

Responsible Party: _____

Address: _____ City/St/Zip: _____

Phone Number: (H): _____ (W): _____ (C): _____

Email Address: _____

ACTIVITY INFORMATION

Description of Event: _____

Date (s) of Event: _____ Time: _____

Please be sure to include time for set up & clean up.

Number of People Expected: _____ Will food or drinks be served? Yes No If yes*, catered or self-prepared
*Security deposit required

Space Requested:

Takoma Park Community Center

- ☐ Rose Room (capacity 17)
- ☐ Hydrangea Room (capacity 29)
- ☐ Lilac Room (capacity 35)
- ☐ Azalea Room* (capacity 66)

Takoma Park Recreation Center

- ☐ Gym* (capacity 294)
- ☐ Back Mtg Room (capacity 40)
- ☐ Front Mtg Room (capacity 30)

Fields/Pavilions

- ☐ Belle Ziegler Park Pavilion
- ☐ Belle Ziegler Field
- ☐ Spring Park Pavilion
- ☐ Spring Park Field
- ☐ Forest Park Pavilion
- ☐ Ed Wilhelm Field
- ☐ Lee Jordan Field
- ☐ Hodges Field

Belle Ziegler Park is formerly known as Jequie Park

- ☐ Heffner Park Community Center*

42 Oswego Avenue, Takoma Park MD 20912

Please identify any additional information that will be helpful to center staff: _____

I, undersigned, will be held responsible for the facility, insuring it is left clean and in the original condition. I will see that all participants conduct themselves in orderly manner. I further agree that no alcoholic beverages or illegal substance will be consumed or sold. I certify that this event is not a fundraiser and that no admission will be charged, unless written approval is issued in advance by the City Manager. I also hereby assume all liability and agree that no claim or demand will be made against the City of Takoma Park, or any of the City's agents or representatives regarding damages, accidents, or injuries prior to, during or after use of the requested facility(ies).

Signature of Applicant: _____ Date: _____

OFFICE USE ONLY

Date received: _____ Time: _____ Staff Initials: _____
Computer Entry Date: _____ Time: _____ Staff Initials: _____
Rate Per Hour: \$ _____ x Number of Hours _____ =\$ _____ Total Rental Fee: \$ _____

FEES:

- | | | | |
|---|--|---|---|
| Meeting Rooms: | <input type="checkbox"/> T.P. City Resident: \$15/hr | <input type="checkbox"/> Non-Resident: \$40/hr | <input type="checkbox"/> Commercial: \$60/hr |
| Larger Meeting Space:
(Dance Studio, Azalea Room & Heffner Park CC) | <input type="checkbox"/> T.P. City Resident: \$25/hr | <input type="checkbox"/> Non-Resident: \$50/hr | <input type="checkbox"/> Commercial: \$70/hr |
| Gym: | <input type="checkbox"/> Montgomery County Resident: \$30/hr | | <input type="checkbox"/> Commercial: \$70/hr |
| Pavilions: | <input type="checkbox"/> T.P. City Resident: \$85/day | <input type="checkbox"/> Non-Resident: \$105/day | <input type="checkbox"/> Commercial: N/A |
| Fields: | <input type="checkbox"/> Sports Leagues/Camps: \$5/head | <input type="checkbox"/> T.P. City Resident: \$20/day | <input type="checkbox"/> Non-Resident: \$35/day |
| | | | <input type="checkbox"/> Commercial: N/A |